

ISSUE SLIP STAFF AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NW	71534	1-12-99
O.I.P.E. CLASSIFIER		48	1/14/99
FORMALITY REVIEW	BD	66159	1-22

INDEX OF CLAIMS

✓ Rejected N Non-elected
 + Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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